SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

 5. Any false reporting may be referred to the Police for investigation.

 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving

- and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 27/09/2021 10:42 (SGT) Date of Accident 26/09/2021 13:50 (SGT) Exact Location of Accident Singapore Additional Location Information CIRCUIT ROAD NEAR BLK 66A Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKH3752X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHIONH KIA HUAT NRIC No S0195164E Email Address simonchionh@gmail.com Mobile Phone No (Phone) +65-96673752 Alternative Phone No +65-96673752

VEHICLE PARTICULARS

Manufacturer

Toyota Model HARRIER G GRADE Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Private car Transmission Auto CC 1998

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1700086342-03 Cover Note Number 12/12/2020 TO 11/12/2021

DRIVER

Name of Driver CHIONH KIA HUAT NRIC No S0195164E

Date Of Birth 03/07/1952 Occupation Indoor Date Of Driving Pass 23/09/1985 Driving experience 36 YEARS Gender Male Mobile Number (Phone) +65-96673752 Alt. Phone Number +65-96673752 Email Address simonchionh@gmail.com Address APT BLK 120 PAYA LEBAR WAY #14-2929 (S) Address complement Postcode Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name JESLYN CHIONH Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER WITH ATTACHED. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLB5742G Vehicle Manufacturer

Private car

Vehicle Variant

Vehicle Category

Vehicle Model

Vehicle Colour

Name of Driver	TAN POH CHUAN
Contact Number	(Phone) +65-98524561
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT, NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association
- of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknow ledge, agree and consent that :

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

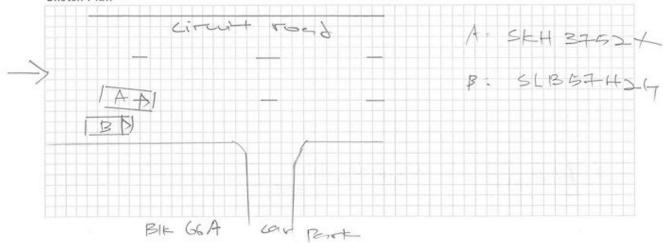
Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

1015h

Witnessed by Reporting Centre Personnel

Sketch Plan



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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

OF SHOP A

Witnessed by Reporting Centre Personnel









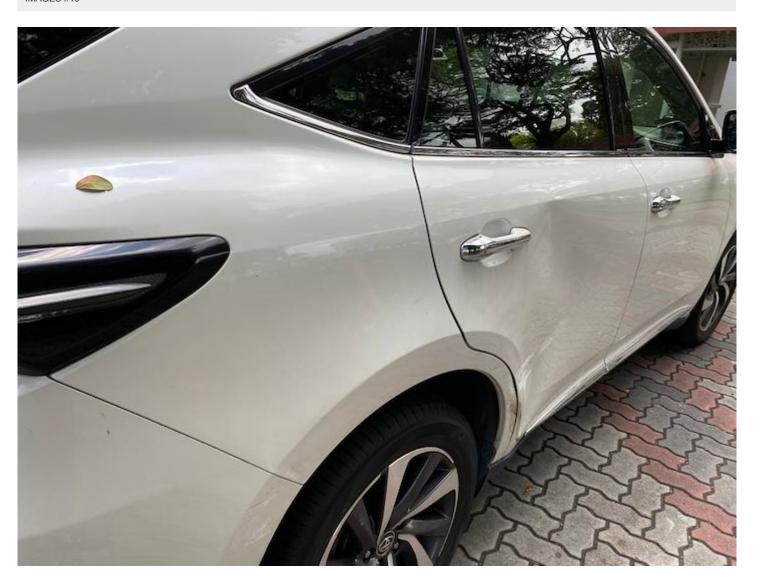






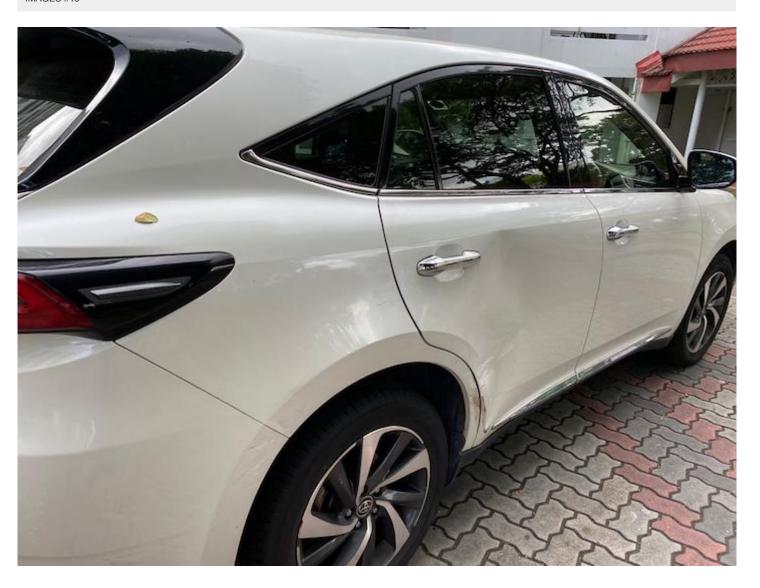












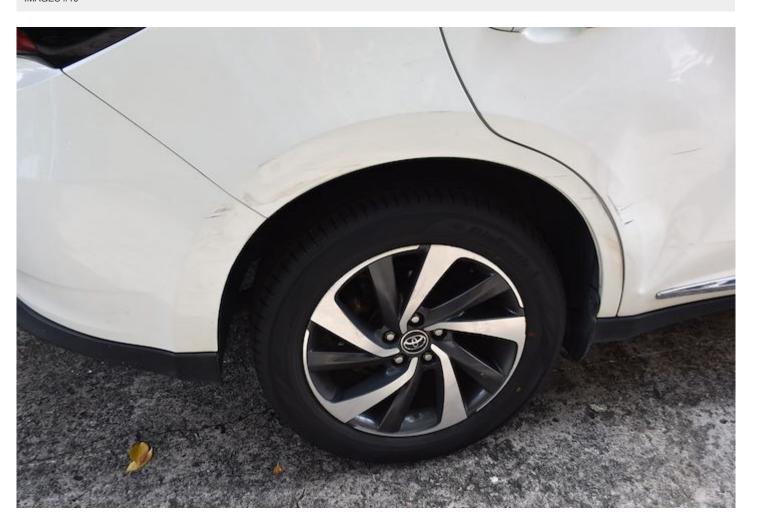


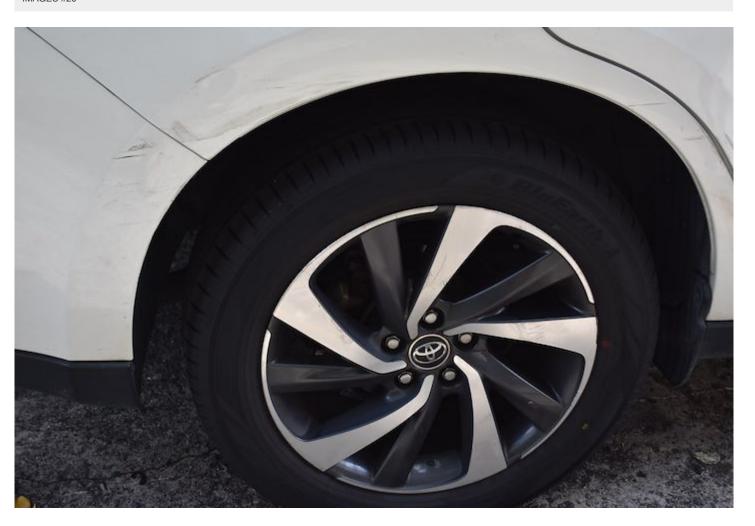


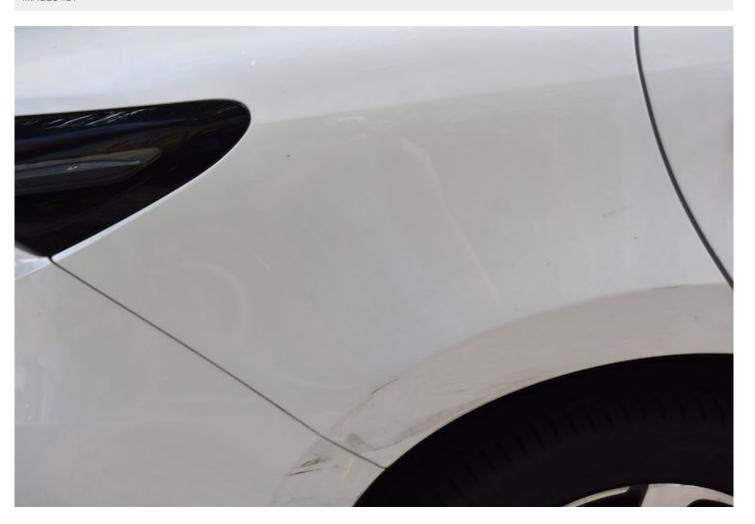


















AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: Chionh king that
VEHICLE NUMBER	: 54+37527
DATE/TIME OF ACCIDENT	: x 19 221 @ 1350h
PLACE OF ACCIDENT	: Circuit rd near bIEGGA
THIRD PARTY VEHICLE (IF ANY)	: SLB 57434
***********************	**********
WHERE DID YOU START YOUR JOB BEFORE THE ACCIDENT?	URNEY AND WHERE WAS THE INTENDED DESTINATION
	C DRINKS BEFORE YOU DRIVE ON THE DAY OF THE FIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ULT?
VEHICLES INVOLVED?	N AND THE EXTENSIVENESS OF THE DAMAGES TO ALL
WERE YOU OR YOUR PASSENGER/ TAKEN TO THE TRAFFIC POLICE F	S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU OR INVESTIGATION?
Name: Chionh key thout	
I Affirmed The Above Information Is G	iven To My Best Knowledge.

1

CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Chionh Kia Huat

Period of Insurance : 12 Dec 2020 To 11 Dec 2021

Engine No. : 8ARZ099021

: JTEKB3GH70J000891 Chassis No.

Vehicle No.

: SKH3752X

Policy No.

: 1700086342-03

Endorsement No.

Issued Date

: 27 Nov 2020

ABOUT THE COVER

: TOYOTA HARRIER 2.0 GRAND

Engine Capacity/Tonnage : 1,986.00 CC

Sum Insured : Market Value

First Year of Registration : 2017 Insuring with COE/PARF : Yes

Driver Restriction : NA Off Peak Car : No

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder
b) Any other person who is driving on the Policyholder's order or with his/her permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition

: All Age Condition

Mileage Condition

: Unlimited Mileage

Limitation as to use* :

U y for social, demestic and pleasure purposes and for the Policyholder's business.

This policy does not cover use for hire or reward, driving trailing, driving test, racing, page

This indicy does not cover use for hire or reward, driving tution, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1 Fire - \$0 Own Damage - \$1000 Theft - \$0 Flood Cover - \$1000

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Kia Huat Chionh - \$1000 (Own Damage), \$1000 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/IGA Guthorised Repairers, please contact our 24-hour accident emergency hotine at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189). Part IV of the Road Transport Act, 1987 (Melaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Melaysia).

0500522000

MULTI-LINES AGENCIES

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIG BUILDING, 78 SHENTON WAY #01-K1 GEM ROOM SINGAPORE 079120 AYSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Pheck Lui Tan